



Application No. (if known): 10/626,396

Attorney Docket No.: 59615(49381)

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MS Amendment
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on February 12, 2007
Date

Kathryn Grindrod
Signature

Kathryn Grindrod

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(617) 517-5534

Telephone Number

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Fee Transmittal (2 page)
Amendment Transmittal (2 page)
Amendment (12 pages)
Terminal Disclaimer by Applicant Attorney (3 pages)
Return Receipt Postcard
Authorization to charge \$130.00 to deposit account 04-1105

02-15-07

AMENDMENT TRANSMITTAL LETTER

Docket No.
59615 (49381)Application No.
10/626,396 conf# 1061Filing Date
July 23, 2003Examiner
Nguyen. Lam S.Art Unit
2853

Applicant(s): Eiji Kamimura, et al.

Invention: METHOD OF CORRECTION OF ADJUSTMENT VALUE FOR IMAGE FORMING APPARATUS, IMAGE FORMING APPARATUS AND MEMORY MEDIUM

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 20 =	0	x 50.00	0.00
Independent Claims	4	- 4 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Terminal Disclaimer Fee					130.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					130.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 04-1105 in the amount of \$ 130.00
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ To cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

David A. Tucker
David A. Tucker
Attorney/Agent Reg. No.: 27,840

Dated: February 12, 2007

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874
Boston, Massachusetts 02205
(617) 517-5508



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Act pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	130.00	Attorney Docket No.	59615(49381)
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Complete if Known

Application Number	10/626,396-Conf. #1061
Filing Date	July 23, 2003
First Named Inventor	Eiji Kamimura, et al.
Examiner Name	Nguyen, Lam S.
Art Unit	2853

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
20	- 20 =	x 50.00	= 0.00

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 4 =	x 200.00	= 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1814 Statutory Disclaimer

130.00

SUBMITTED BY

Signature	David A. Tucker	Registration No. (Attorney/Agent)	27,840	Telephone	(617) 517-5508	
Name (Print/Type)					Date	February 12, 2007